

County of Gloucester  
Human Resources Manual

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<b>CHAPTER: SECTION:</b>	<b>9 – GENERAL RULES AND REGULATIONS</b>	<b>ADOPTED: 3/7/06</b>
	<b>3 - VITAL INFORMATION</b>	<b>REVISED: 12/21/11</b>

**EXHIBIT X – NOTICE OF VITAL INFORMATION CHANGE:  
NAME, ADDRESS, PHONE NUMBER AND/OR EMERGENCY CONTACT**

Department: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_ New Name\*: \_\_\_\_\_

\* Reason: \_\_\_\_\_ Marriage/Civil Union \_\_\_\_\_ Divorce/Dissolution of Civil Union  
\_\_\_\_\_ Legal Name Change \_\_\_\_\_ Other: \_\_\_\_\_

PLEASE NOTE: Name changes require a copy of a social security card reflecting the change.

New Address: \_\_\_\_\_  
(Street or P.O. Box)

\_\_\_\_\_  
(City, State, Zip)

New Phone Number: \_\_\_\_\_

Emergency Contacts – Please name two:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Alt. Number)

\_\_\_\_\_  
(Alt. Number)

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*Please return this form to your payroll clerk who will in turn forward to Human Resources. Thank you.*